

2018 CANDIDATE FILING FORM

Date of Filing: _____

I, _____
Please print name as it is to appear on the ballot

reside at the following address within the corporate city boundaries of the City of Lewes:

_____ Lewes, Delaware 19958

Hereby file as a candidate for the Board of Public Works of the City of Lewes for the Office of Director of the Board.

Date of Birth: _____

Years residing at the above address: _____

**I attest that I have never been convicted of a felony crime,
I am a bona fide citizen of the United States and of the State of Delaware
I have been a full-time resident of the City of Lewes for at least one year
I am at least 21 years of age
and the above information is true and accurate.**

Sign your full legal name

Telephone number

Email address

Web Page Address (Optional)

**This form must be notarized if it is not completed at The Lewes Board of Public Works Office.
Candidate Filing forms are considered Public Information under the Freedom of Information Act**

FOR OFFICE USE ONLY:

Date Received: _____

Received by: _____

Notary Information (if required):

Subscribed & Sworn before me on the following date:

Notary Public Signature

Date